

Exeter Villa Continuous Quality Improvement Program Annual Review 2022

COMMITTEES under the purview of the Continuous Quality Improvement Program:

Continance Improvement, Skin & Wound Care, Falls Prevention & Restraint Reduction, Infection Control, Pain Management & Palliative Care, Safe Client Handling and Butterfly (Responsive Behaviours).

UTILIZATION REVIEW SYSTEM

All Continuous Quality Improvement activities are on track. Policies and Procedures (P&Ps) were reviewed and updated. New Extendicare P&Ps continue to be actively reviewed and adopted.

CQI committee meetings were held on the same date as the Professional Advisory Committee meetings, as scheduled, quarterly.

RESOURCES

Quarterly review of provided CIHI Data, Point Click Care, and issues as they arose from committee meetings.

COMMUNICATION TO STAKEHOLDERS

Administrator, IPAC Lead, and Director of Activities post up, send out, and deliver orally at (at morning news sessions) communications for all events of importance and interest. The activity department also sends out weekly newsletters/ schedules of upcoming activities via *Carefeed* (our Stakeholder Communications platform) to keep residents, families, and staff informed; as well, printed copies are dispersed to residents, on-site. Additional items of interest, COVID vaccination, Flu Clinic, Outbreak information, and any changes in the required protocol, are all added to the information sent out via *Carefeed*.

STAFF EDUCATION

Staff education was provided by Surge Learning with an onboarding orientation set assigned to all. In-person, on-site staff education for building orientation, fire and code response as well and lift use was given to all. Some staff members viewed videos on-site and some used computers to access Surge Learning modules and received access assistance as required. Staff compliance with mandatory education was reviewed by department managers, IPAC Lead, and the Office Clerk who assigned new login information to all new staff. Staff were asked to complete education prior to starting, ideally, but issues with staff coverage, call-ins, and logon difficulties complicated the process. Efforts continue to encourage all staff to complete assigned education by December 31st yearly. Ongoing encouragement is needed.

QUALITY INDICATORS

Areas include Pressure ulcer, worsening behaviors, avoidable ED transfers, residents using psychotropics without a diagnosis of Psychosis, fall with critical injuries, worsening mood and depression, and pain and palliative care.

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RESIDENT AND FAMILY COUNCIL

Any concerns brought forth by the Resident and Family Councils that cannot be addressed by existing department managers or specific Committee teams are forwarded to the Administrator for follow-up in writing within 10 business days. Minutes are kept in the binder under the supervision of the Director of Rehabilitation and Activities. All issues in 2022 were addressed to Resident and Family Satisfaction.

RESIDENT AND FAMILY SATISFACTION SURVEY

Surveys were conducted and results were tallied. Any areas of concern or with a less than 80% satisfaction rate were brought to the department manager to address, specifically. In 2022 there was only one area of Satisfaction less than 80%: Q.#14 Are you able to wake/get up at the time of your choosing? 46% said yes thus this was brought to the CQI meeting table to discuss possible options to address the issues. Nine (9) residents were identified who were able to say they wished to sleep in. The CQI committee set up for trial a new program in 2022 called the "Breakfast Club" in order to offer a later breakfast between 9:30 and 10:00 am for those who wished to sleep in. The outcome will be monitored, and results will be discussed in 2023's Annual Review. Otherwise, the Resident Council was provided with a summary of the results, and suggestions for improvement were solicited and put into action, as per usual. It was noted that there was an overall increase in satisfaction.

DATA ANALYSIS

Quality indicator team members resumed monthly meetings in January 2023. The 2022 data was reviewed:

1. Use of psychotropic medication without of diagnosis of psychosis 21.9% is trending up but is consistent with average performance when benchmarked with the provincial average of 21.1%.
2. Restraint use 13% is up slightly and is consistent with average performance. The use of restraints is significantly higher than the provincial average of 2.5% We believe this reflects the documentation of tilt function as a restraint. If the use of the tilt function for positioning and personal safety were removed from the calculation, our rates would be much more consistent with provincial statistics.
3. Falls 6.1% is trending down and is consistent with above-average performance. The provincial benchmark is 16.2%.
4. Pressure ulcers 1.4% trending down and is consistent with above-average performance. The provincial average is currently 2.4%.
5. Behaviours 17.9% is up from last year and reflects the status of residents newly admitted to the home. This level is better than the corporate benchmark of 39.6%.
6. Indicators of Worsening Mood 34.3% is trending up from last year and reflects an effort to identify resident indicators of depression. Exeter Villa statistics remain higher than the provincial benchmark of 21.3%.
7. Residents who experience pain are at 3.0% which is above-average performance when compared to corporate and provincial benchmarks of 4.7%.
8. Palliative care protocols continue; staff are completing PPS scores on admission and quarterly, Palliative Care Tool (Think Research) is under review. The staff of the Exeter Villa has established

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a collaborative relationship with the staff of Jessica’s House Hospice in order to offer residents and their families more options when choosing end-of-life care. The ability to pre-register or send in referrals in advance was also new. There was some discussion about MAID but so far, no MAID protocol has been requested. Honour Guard is offered when a resident passes on.

AREAS FOR IMPROVEMENT

1. The committee members met after the end of the fiscal year to review and write up the annual reports, and look at goals, objectives, and action plans for the year in review. HQO QIP will be aligned when completed in April 2023.
2. Medication Errors continue to be audited, tracked, and analyzed monthly by DOC and Pharmacy rep. Action plans for the pharmacy to correct are being monitored and follow-up discussions are held at quarterly PAC meetings.
3. Infection Control: Daily surveillance for infections is in place and monthly indicators are collected. Additional audits are done as directed by PHU, especially if the home is in Outbreak.
4. Handheld iPhone devices called DocIT, were added in 2021 to improve and enhance documentation of care and were still in use throughout 2022. A few iPads were put into use as well for those staff members who needed a larger viewing area than was provided by an iPhone 7.

Area Identified	GOAL	PLAN	DATE IMPLEMENTED
Quality Teams <ul style="list-style-type: none"> • Continance Improvement • Skin & Wound Care • Falls Prevention & Restraint Reduction • Infection Control • Pain Management & Palliative Care • Safe Client Handling, and • Butterfly (Responsive Behaviours) 	Ongoing staff education and QI review monthly	<ol style="list-style-type: none"> 1. Review of the new FLTCA, 2021, Inspection Guide protocols provided to identify areas for improvement. 2. Annual review with Action plan. 	January 2022

STAFF PARTICIPATING IN THE REVIEW:

DATE OF REVIEW: March 22, 2023

Anna Husarewych, DOC, Janet Dearing IPAC RN, Deb Hayter JH&S RN, Linda Anderson NP, Erika King, Administrator, and Shelley McInnis, Admin Support Staff.